STATE OF MARYLAND—CERTIFICATE OF DEATH

08947

(120)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 111

Village or City near Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William J Adkinson If U. S. Veteran, specify WAR

(a) Residence: No. Same St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Susan Adkinson

6. DATE OF BIRTH (month, day, and year) Sept 1 1859

7. AGE Years 80 Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Adkinson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriett Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Elbert (Address) Hurlock

18. BURIAL, CREMATION, OR REMOVAL Place Thompson Tray Date Sept 25, 1939

19. UNDERTAKER H. H. Willoughby (Address) East New Market

20. FILED Sept 25, 1939. H. E. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 17, 1939, to Sept 23, 1939

I last saw him alive on Sept 23, 1939; death is said to have occurred on the date stated above, at 2:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diarrhoea	

Other Contributory Causes of Importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) L. G. Frazier M.D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

210-m

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge - Rural near
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. West End Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Emmet Brannock

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Sarah Linthicum

6(c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) June 20 - 1917

8. AGE: Years 22 | Months 4 | Days 8 | If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Candy Store

FATHER
12. Name Thos E. Brannock
13. Birthplace Md

MOTHER
14. Maiden name Lola T. Hubbard
15. Birthplace Md

16. Informant Thos. E. Brannock

Address Cambridge - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 1 1939 (month) (day) (year)

Cemetery or crematory Dor. Memorial Park

Location Cambridge, Md.

18. Funeral director G. S. Le Compte

Address Cambridge, Md

19. 9-30 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1939, at 11-45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,

and that I last saw h — alive on — 19 .

Immediate cause of death Fracture - base of skull

Due to Automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date Sept. 28-39

Where did injury occur? Cambridge (City or town) Dor. (County) Md (State)

Injured at home, farm, industry, public place (where?) on county road

Means of injury Auto accident Injured at work? No

23. SIGNATURE Jos. K. Shriver D.M.E. M. D. or other

Address Cambridge - Md Date signed Sept 29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (53-D)

08949

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Madison Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Mary Land County Dorchester
City or town Madison Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Charles G. Brittingham
3. (b) Social Security Number ✓

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Amy M. Thraten
6(c) If alive, give age 39 years
7. Birth date of deceased (mo., day, yr.) 6-11-1886

8. AGE: Years 53 Months 3 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Golden Hill Md (Town, county, and state)
10. Usual occupation Processor
11. Industry or business Phillips Pkg Co
FATHER 12. Name Geo W. Brittingham
13. Birthplace Md
MOTHER 14. Maiden name Sarah E Higgins
15. Birthplace Md
16. Informant Jeanette V Brittingham
Address Madison Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 18, 1939 (month) (day) (year)
Cemetery or crematory Joppa Church
Location Madison, Md
18. Funeral director G S LeCompte
Address Cambridge, Md
19. 9-18 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1939, at 12 55 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 1938, to Sept 16 1939, and that I last saw him alive on Sept 12 1939.

Immediate cause of death Asthenia — DURATION 2-3 mos
Due to Carcinoma of spinoid and ethmoidal region 16 mos
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings: Of operations X ray disclosed growth
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver M.D. M. D. or other
Address Cambridge Md Date signed Sept 17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124)

CERTIFICATE OF DEATH

08950

Reg. Dist. No. 11 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Williamsburg - Rural at Skinners Run
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 85 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Williamsburg - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Skinners Run
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Frances Brown

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife Charles A. Brown

6(c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) January 18 1854

8. AGE:

Years	Months	Days	If less than one day
85	7	29	____ hrs. ____ min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name James Hurlock
13. Birthplace Dorchester County, Maryland

MOTHER
14. Maiden name Mary Bramble
15. Birthplace Dorchester County, Maryland

16. Informant Charles A. Brown

Address Williamsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 19, 1939 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Hampton & Son

Address Federalsburg, Maryland

19. Sept 18 1939 (Date rec'd by registrar) Irvin W. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1939, at 3:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 2 1939, to Sept. 18 1939, and that I last saw h— alive on Sept 17 1939

Immediate cause of death Pulliary Edema and general debility due to old age.

DURATION

Due to —

Due to —

Other conditions Broken hip 2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations — no operation

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? no

23. SIGNATURE L G Frazier M. D. or other

Address Hurlock Md Date signed 9-18-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

0895

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (13)

County Dorchester Registration Dist. No. 116

Village or City Church Creek No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E Camper If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If non-resident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Camper

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. no

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Gabriel Nichols

14. BIRTHPLACE (city or town) (State or country) Dorchester Co

MOTHER

15. MAIDEN NAME Susan Nichols

16. BIRTHPLACE (city or town) (State or country) Dorchester Co

17. INFORMANT Andrew Camper (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oldfield Md Date 14 Sept 1939

19. UNDERTAKER Lewis H Baynum (Address)

20. FILED 9-14, 1939 John Mace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 12th 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1939 to Sept 12 1939.

I last saw her alive on Sept 2 1939, and death is said to have occurred on the date stated above, at 6 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Heart decease	

Other Contributory Causes of importance:

Chronic Bright's	
with Uremia	

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos L Cole M D

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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OCT 4 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (732)

08952

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge R.F.D. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural - R.F.D. #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nathanial Chase

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	widowed

6 (b) Name of husband or wife Annie Chase
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 15 1877

8. AGE:

Years	Months	Days	If less than one day
62	5	14	____ hrs. ____ min.

9. Birthplace Dorchester Co Md
(Town, county, and state)
10. Usual occupation farmer
11. Industry or business

FATHER
12. Name Stansbury Chase
13. Birthplace Dorchester Co Md

MOTHER
14. Maiden name Amanda (Unknown)
15. Birthplace Dorchester Co Md

16. Informant Josephine Jones
Address Cambridge Md R.F.D. 1

17. Burial Date thereof Oct 2-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery
Location Cordtown Md.

18. Funeral director Lewis & Henry.
Address 222 Cedar St Camb. Md.

19. 10-2-39 19 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29 1939, at 7.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19 1939, to September 29 1939, and that I last saw him alive on September 29 1939.

	DURATION
Immediate cause of death Acute Cholecystitis	8-17-39
" Enteritis	9-1-39
Due to Undetermined	
Due to	
Other conditions Myocarditis Chron.	1937

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carroll M. McClain M.D.
M. D. or other
Address Cam & Cedar Sts Date signed 10-2-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08953

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 113

Village or City Taylors Island No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurrad ...yrs. ...mos. ...ds. How long in U. S. if of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Infant Cornish If U. S. Veteran, specify WAR

(a) Residence: No. Taylors Island St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	col	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and yaer) Sept 10 1939

7. AGE Yeers	Months	Days	If LESS than 1 day, ...hrs. or ...min.
Still born			

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceasad last worked at this occupetion (month end year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Taylors Island
(Stata or country) Dorchester Co Md

FATHER

13. NAME Leo Stanley

14. BIRTHPLACE (city or town) Taylors Island
(Stata or country) Md

MOTHER

15. MAIDEN NAME Lucille Cornish

16. BIRTHPLACE (city or town) Taylors Island
(Stete or country) Md

17. INFORMANT Lucille Cornish
(Addrass) Taylors Island Md

18. BURIAL, CREMATION, OR REMOVAL
Place Taylors Field Date Sept 11, 1939

19. UNDERTAKER John Travers
(Address) Taylors Island Md

20. FILED Sept 11, 1939 J. F. Reed Registrar.
local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 10, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, Thet I attended dacaesed from Still 19 to 19

I last saw h...aliva on ..., 19...; death is said to heve occurred on the date statad above, at ...m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causas of importanca ware as follows:

	Date of onset
Still born	9-10-39

Other **Contributory Causes** of importanca:

Neme of operation ... Date of ...

Whet test confirmad diagnosis? Clinical Wes there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Dete of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Wes disease or injury in any way related to occupation of deceasad? ...

If so, specify ...

(Signad) Carroll W. DeClaire M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08954

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Cambridge-Maryland Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mildred Davis — If U. S. Veteran, specify WAR ____

(a) Residence: No. Airey- "Cambridge Rt # 2. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edgar Davis

6. DATE OF BIRTH (month, day, and year): Sept. 23, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
20	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Haukeye, Maryland.

FATHER

13. NAME: Walter Young

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Millie Jones

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Hattie Davis, Cambridge RT # 2, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Salem, Md. Date Sept. 7th, 39

19. UNDERTAKER (Address): Lewis H. Bayneum, Camb. Md.

20. FILED 9/6/ 19 39 John Mace Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 4 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 31 1939, to Sept 4 1939

I last saw her alive on Sept 4 1939; death is said to have occurred on the date stated above, at 5:30P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Typhoid Fever.	?

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) [signature] M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08955

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. 45 I High St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Wesley Dean

(a) Residence: No. 45 I High St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	col.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leah McCready

6. DATE OF BIRTH (month, day, and year): March 6, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Sept. 11

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George T. Dean

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Clara Barnes

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Daisy Johnson

(Address) 445 High St., Cambridge.

18. BURIAL, CREMATION, OR REMOVAL

Place Waugh Cem. Cambridge Date 9-15, 1939

19. UNDERTAKER: Lewis H. Baynum

(Address) Cambridge, Md.

20. FILED 9-14, 1939 John Deacon Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 11-30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Sept. 11
Other Contributory Causes of Importance:	
Chronic Myocarditis	1938

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way releted to occupation of deceased? no

If so, specify

(Signed) Jos. K. Shriver — Dep. Med. Exam'r

(Address) Cambridge — Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08956

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Ira Donoway If U. S. Veteran, specify WAR

(a) Residence: No. Pittsville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah Smith

6. DATE OF BIRTH (month, day, and year): Feb 5 1880.

7. AGE: Years 59 | Months | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Agriculture

10. Date deceased last worked at this occupation (month and year): 1937.

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Delaware

FATHER

13. NAME: Thomas H. Donoway

14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER

15. MAIDEN NAME: Mary Baker

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT (Address): Hospital Records State Hospital, Cambridge

18. BURIAL, CREMATION, OR REMOVAL

Place: Salisbury Md. Date: Sept 23, 1939

19. UNDERTAKER (Address): Holloway & Co Pr. S. Preston Holloway Salisbury Md.

20. FILED 9-21, 1939 John Mace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1939, to Sept 21, 1939.

I last saw him alive on Sept 20, 1939; death is said to have occurred on the date stated above, at 1:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Sept 10 1939.

Other Contributory Causes of importance:

Pre-Senile Psychosis (Alzheimer's Disease)	1937
Acute Pulmonary Congestion	Sept 10 1939

Name of operation: none Date of

What test confirmed diagnosis? Physical + Lab Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kenneth B. Jones M.D.

(Address) Cambridge - Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(920)

08957

Reg. Dist. No. 11

1. PLACE OF DEATH:

County Dorchester

City or town Cabin Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cabin Creek

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Peter Dotson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Virgie Dotson

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) October 16, 1864

8. AGE: Years	Months	Days	If less than one day
74	10	19	hrs. min.

9. Birthplace Dorchester County Maryland

(Town, county, and state)

10. Usual occupation Farmer (Retired)

11. Industry or business Farm

FATHER 12. Name Ned Dotson

13. Birthplace Dorchester County, Maryland

MOTHER 14. Maiden name Mary Catherine Adams

15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Mary C. Watters

Address 3118 S. 22nd St., Philadelphia, Penna.

17. Burial (Burial, cremation, or removal. Which?) Date thereof September 8, 1939 (month) (day) (year)

Cemetery or crematory Washington Colored Cemetery

Location Near Hurlock, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Sept 7 1939 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1939, at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 10 1939 to Sept 5 1939, and that I last saw him alive on Sept. 2 1939

Immediate cause of death	DURATION
Chronic endocarditis,	
Valvular disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury none Injured at work?

23. SIGNATURE L. G. Fragier M. D. or other

Address Hurlock, Md. Date signed 9-8-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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OCT 3 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(95-E)

08958

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge-Maryland Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 day
Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Royal Oak Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Main Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Ellen Earls

3. (b) Social Security Number:

4. Sex: F
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: James Earls
Dec.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Aug. 27, 1872

8. AGE: Years: 67 Months: 1 Days: — If less than one day: ____ hrs. ____ min.

9. Birthplace: Royal Oak, Maryland
(Town, county, and state)
10. Usual occupation: Homemaker
11. Industry or business: ✓

FATHER
12. Name: P. H. Fedderman
13. Birthplace: Royal Oak, Md.

MOTHER
14. Maiden name: Mary Earl
15. Birthplace: Md.

16. Informant: G. A. Fedderman
Address: Easton, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Sept. 30, 1939 (month) (day) (year)
Cemetery or crematory: Chesterfield Cemetery
Location: Centreville, Md
18. Funeral director: James A. Spence
Address: Easton, Md

19. 9-29-39 19 John Nice Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 27th 1939, at 5:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 18 1939, to September 27 1939, and that I last saw her alive on September 27 1939.

Immediate cause of death: Cerebral Embolism — CURATION: 1 minute
Due to: Hypertensive Cardio Vascular Disease — 8-10 yrs.
Due to: with Uremia and Myocardial failure — 4 days, 3 days
Other conditions: arteriosclerosis, generalized — ?
(Include pregnancy within 8 months of death)
Major findings:
Of operations: No Operation
Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Eldridge H. Wolff, M.D.
M. D. or other
Address: Cambridge, Md. Date signed: 9-26-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

08959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 7 Fairmount Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7 Fairmount Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Hall

3. (b) Social Security Number

4. Sex: male

5. Color or race: col.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 24 - 1939

8. AGE: Years | Months | Days | If less than one day

Stillborn hrs. min.

9. Birthplace Cambridge, Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business none.

FATHER
12. Name Thornton Hall
13. Birthplace Fairmount, Md.

MOTHER
14. Maiden name Laura Smith
15. Birthplace Cambridge, Md.

16. Informant mother

Address 7 Fairmount Ave. Camb.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 25-39 (month) (day) (year)

Cemetery or crematory Silent City Cem.

Location Cambridge, Md

18. Funeral director Lewis H Bayneum

Address Cambridge, Md.

19. 9-25 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1939, at 10 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not 19 at to all 19

and that I last saw h alive on not at all 19

Immediate cause of death

Stillborn - (cause unknown)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace Jr. M.D. or other

Address Cambridge Md. Date signed 9/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

08960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8)

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Rural near Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): 0

Stay in this community (yrs., or mos., or days): 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Born dead County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Martha Hall

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 24, 1939

8. AGE: Years: Born | Months: dead | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Hospital - Cambridge Maryland
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: Claude Hall
13. Birthplace: Hallwood Va.

MOTHER
14. Maiden name: Margaret Knauer
15. Birthplace: Rural near Cambridge

16. Informant: Mrs. Claude Hall

Address: R. 2. Cambridge Maryland

17. Cremation
(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory: Disposed of on

Location: premesis Hospital

18. Funeral director: ~~Eleanor Slaman~~

Address

19. 9-30 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Born dead Sept 24 1939, at 10:40 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 24 1939, to ____ 19__, and that I last saw h____ alive on she was still born

Immediate cause of death: not determined this child smaller

Due to: of two (twins). Her appearance showed

Due to: she had survived her sister

Other conditions: Polyhydramnios present.
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John Schneider M.D.
M. D. or other

Address: Cambridge, Md Date signed Sept 30, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

08961

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural near Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hospital

Stay in hospital or inst. (yrs., or mos., or days) ~~6 days~~ 0

Stay in this community (yrs., or mos., or days) ~~21 yrs.~~ 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Born dead County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Hall

3. (b) Social Security Number

4. Sex F

5. Color or Race White

6. (a) Single, married, widowed, or divorced S.

8 (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24. 1939.

8. AGE: Years Months Days If less than one day

Born dead hrs. min.

9. Birthplace Hospital Cambridge, Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Claude Hall
13. Birthplace Hallwood Va. ~~Md.~~

MOTHER
14. Maiden name Margaret Kramer
15. Birthplace Rural near Cambridge

16. Informant Mrs Claude Hall.

Address R2. Cambridge, Md.

17. cremation Date thereof
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Disposed of on premesis. Hospital

Location

18. Funeral director ~~Elenor Slavum~~

Address

19. 9-30th 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Born dead Sept 24, 1939, at 10:30 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 24 1939, to 19

and that I ~~last saw h~~ alive on she was still born 19

Immediate cause of death not determined (twins)

Due to This child larger of two and twins had already turned

Due to dark.

Other conditions Polyhydramnios present.
(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Schneider M.D.
M. D. or other

Address Cambridge, Md Date signed Sept 30/1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08962

(191)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. 9 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clayton Henson If U. S. Veteran, specify WAR

(a) Residence: No. 60 Douglas St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Henson

6. DATE OF BIRTH (month, day, and year) Dec. 1 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Chef Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Baker Shop

10. Date deceased last worked at this occupation (month and year) Sept 1939

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Charles Henson

14. BIRTHPLACE (city or town) (State or country) Dorchester C Md

MOTHER

15. MAIDEN NAME Harriet Johnson

16. BIRTHPLACE (city or town) (State or country) Dorchester C Md

17. INFORMANT Lillian Henson (Address) 60 Douglas St Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Waugh Cem

Place Cambridge Date Sept. 14, 1939

19. UNDERTAKER H. M. St Clair (Address) Cambridge Md

20. FILED 9-13, 1939 John Neace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 9, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1939, to September 9, 1939

I last saw him alive on September 9, 1939; death is said to have occurred on the date stated above, at 10:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	9-9-39
due to excessive heat	

Other Contributory Causes of importance:

Varicose Ulcer legs	1939
Marked Obesity & Varicose Veins	1936
Myocarditis	1938

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Excessive heat in Baker shop

(Signed) Carroll M St Clair M. D.

(Address) Pine & Cedar Sts

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail **merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Never come by ~~occasion~~ that while cooking in home-baker shop. Gave history of previous attacks of pain which and prompt while shop in Hotel 1936. Patient very obese and has had various skin upt legs for about four years and a ulcer for about a month

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

08963

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Md Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 months
Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Md Ward No. X
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 207 Race Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR May

3. (a) FULL NAME Stella F. Hughes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Edward A Hughes
6(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 6/21/1894

8. AGE: Years 45 | Months 3 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual occupation Home Maker

11. Industry or business None

FATHER 12. Name Lambert Meredith
FATHER 13. Birthplace Cambridge Md

MOTHER 14. Maiden name Hester J. Causey
MOTHER 15. Birthplace Cambridge Md

16. Informant Edward A Hughes
Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 7, 1939 (month) (day) (year)
Cemetery or crematory Deer Meadow Park
Location Cambridge Md

18. Funeral director G S Leonard
Address Cambridge, Md

19. 9-7-1939 (Date rec'd by registrar) John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1939, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1939, to Sept 5 1939, and that I last saw her alive on Sept 5 1939

Immediate cause of death	DURATION
Cachexia —	
Gastro-enterostomy — Malignancy — stomach	
Due to	
Due to	
Other conditions Complete Obstruction — pernicious tear - present 2 mos.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wythe M Law M.D
M. D. or other
Address Cambridge Md Date signed 9-6-39

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BUREAU V. S.

08964

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (82-a)

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Hurley If U. S. Veteran, specify WAR

(a) Residence: No. 239 Race St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgianna Mitchell

6. DATE OF BIRTH (month, day, and year): Sept 13-1863

7. AGE: Years 76 | Months 0 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Grocer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Drawbridge Dor. County

FATHER

13. NAME: Enrich Hurley

14. BIRTHPLACE (city or town) (State or country): Dor. County

MOTHER

15. MAIDEN NAME: Sarah - (last name unknown)

16. BIRTHPLACE (city or town) (State or country): Dor. Co.

17. INFORMANT (Address): Mrs. F. C. Sterling Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Cambridge Date: Oct. 2, 1939

19. UNDERTAKER (Address): Kenneth R. Thomas Cambridge, Md.

20. FILED 10-2, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1939, to Sept 30, 1939. I last saw him alive on Sept 30, 1939; death is said to have occurred on the date stated above, at 9:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Rt. Cerebral hemorrhage	7/19/39.

Other Contributory Causes of Importance: Generalized Arteriosclerosis Urinary retention due to urethral Stricture

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08965

1. PLACE OF DEATH

County: Dorchester — Registration Dist. No. 116

Village or City: Cambridge — No. Eastern Shore State Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. 8 mos. 18 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lizzie J. Johnson — If U. S. Veteran, specify WAR ____

(a) Residence: No. Quantico Md St., WR Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: C. C. Johnson

6. DATE OF BIRTH (month, day, and year): Dec. 22, 1888

7. AGE: Years 50 | Months 8 | Days 27 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): 1922

11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Hospital Records Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Coeburn Va. Date: Sept 11, 1939

19. UNDERTAKER (Address): H. L. Estes, Coeburn, Va. By R R Thomas Camb

20. FILED 9-10, 1939 John Mace Jr. Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Sept 8, 1939 if last saw her alive on Sept 8, 1939; death is said to have occurred on the date stated above, at 7.55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis & myocardial dig.	Prior to July 1939
Tumor of ulna - nature unknown probably not malignant.	1923
Secondary anemia.	

Other Contributory Causes of importance:

Dementia Precox	1921

Name of operation ____ Date of ____

What test confirmed diagnosis? X-Ray of Tumor Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Camb. Md. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 da

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Rhodesdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Jones

3. (b) Social Security Number

4. Sex: M

5. Color or race: col

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: not known

not known 6(c) If alive, give age: 50 about years

7. Birth date of deceased (mo., day, yr.): not known

8. AGE: Years: 45 Months: Days: If less than one day: hrs. min.

9. Birthplace: N.C. (Newborn N.C.)
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm & Canning house

FATHER
12. Name: not known
13. Birthplace: not known

MOTHER
14. Maiden name: not known
15. Birthplace: not known

16. Informant: Hospt. Record

Address: Cambridge Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Sept. 11 1939
(month) (day) (year)

Cemetery or crematory: Silent City Cem.

Location: Cambridge, Md.

18. Funeral director: Lewis H. Bayreuth

Address: Cambridge

19. Sept. 9 1939 John Meade Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 8 1939, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sep 7 1939, to Sep 8 1939, and that I last saw him alive on Sep 8 1939.

Immediate cause of death: myocardial degeneration

Due to: Cardiac hypertrophy decompensation

Due to:

Other conditions: Chronic recess of both lower legs - anemia + ascites
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no operation

Of autopsy: no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of:

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: Guy Steele M. D. ~~or other~~

Address: Cambridge Md. Date signed: 7/9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08967

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93-a)

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town whara death occurrad ...yrs...mos...ds. How long in U. S. if of foraign birth? ...yrs...mos...ds.

2. FULL NAME George Kane If U. S. Veteran, specify WAR

(a) Residence: No. 413 High St., Ward.

(Usual place of abode) If nonresident give city or town and State

WITHIN CORPORATE LIMITS OF

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	colored	single

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1861

7. AGE	Yeers	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78			

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Gen. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date daceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Dalesville (State or country) Dorchester Co Md

FATHER

13. NAME Caiser Kane

14. BIRTHPLACE (city or town) Dalesville (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Dorchester Co Md (State or country)

17. INFORMANT Lewis Kane (Address) 413 High St Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Wards Cemetery Data Sept 1—, 1939

19. UNDERTAKER Lewis Baynum (Address) Cambridge Md

20. FILED 9-16, 1939 John Meade Jr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 12, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended dacaasad from September 12 1939, to September 12, 1939

I last saw h—im alive on September 12, 1939; daath is said to have occurred on the data stetad above, at 9:30 p—m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware as follows:

	Date of onset
Acute Myocarditis	1939
Hemorrhoids (Bleeding)	8-20-39
Pulmonary Edema	9-12-39

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmad diagnosis? ... Was thera an autopsy? ...

23. If death was due to axtarnal causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way ralated to occupation of deceased? —

If so, specify ...

(Signad) Carroll M McClain M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

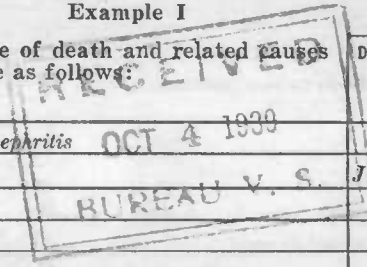
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08968

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pine St.nr Washington St.,
Stay in hospital or inst. (yrs., or mos., or days): Died
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Pine St. nr Washington
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Stillborn Keene

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Undet.	col.	single

6 (b) Name of husband or wife: **** 6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 21st - 1939

8. AGE: Years: Stillborn | Months | Days | If less than one day: hrs. min.

9. Birthplace: Cambridge, Md. (Town, county, and state)

10. Usual occupation: **

11. Industry or business: **

FATHER
12. Name: Ivy Ennalls
13. Birthplace: Dor., Co., Md.

MOTHER
14. Maiden name: Mary Keene
15. Birthplace: Dor. Co., Md.

16. Informant: Mary Keene
Address: Pine St. Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/22/39 (month) (day) (year)
Cemetery or crematory: Family Lot
Location: Cambridge, Maryland.

18. Funeral director: Ivy Ennalls (father)
Address: Cambridge, Md.

19. 9/24/39 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 21st 19 39, at 9P M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Not at all to all 19, and that I last saw h alive on 19

Immediate cause of death: Stillborn- (Cause unknown) — DURATION

Due to: Signed as Local Registrar

Due to:

Other conditions:

(Includa pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jas. Mowbray Jr. M.D.
M. D. or other
Address: Cambridge, Md Date signed 9/22/39

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OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08969

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D.# 3.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural Route # 3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Matilda Kiah

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	married

6 (b) Name of husband or wife: Alfred Kiah
6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Oct. (?) 1872

8. AGE: Years	Months	Days	If less than one day
66	11		hrs. min.

9. Birthplace: Cambridge, R.F.D.# 3 (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mary Emnalls
15. Birthplace: Maryland.

16. Informant: Alfred Kiah
Address: Cambridge, R.F.D.# 3.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 21, 1939 (month) (day) (year)
Cemetery or crematory: Waugh Cemetery
Location: High St. Cambridge, Md.
18. Funeral director: Lewis H. Bayneum
Address: Cambridge, Maryland.

19. 9-20 1939 (Date rec'd by registrar) John Meese Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 18th 1939, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X 19__ to X 19__, and that I last saw h X alive on X 19__.

Immediate cause of death: Cerebral Thrombosis — DURATION: 4 mos.
Due to: Hyper Tension — 1 yr.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other
Address: Cambridge Md. Date signed: Sept. 19-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

08970

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:
County: Dorchester
City or town: East New Market
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Dorchester
City or town: East New Market Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles William Lynch

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E. Lynch
6(c) If alive, give age: 62 years
7. Birth date of deceased (mo., day, yr.): April 8. 1858

8. AGE: Years: 81 Months: 5 Days: 10 If less than one day: hrs. min.

9. Birthplace: Near Pittsville Md. (Town, county, and state)
10. Usual occupation: retired Lumberman
11. Industry or business: Saw mills

FATHER
12. Name: Charles William Lynch
13. Birthplace: Pittsville Md

MOTHER
14. Maiden name: Sarah Levenia Wells
15. Birthplace: Pittsville Md.

16. Informant: Mrs Mary E. Lynch
Address: East New Market Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 17-39 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.

19. Sept 16 1939 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 13th 1939, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Saw remains Sept 13 1939, to 1939, and that I last saw h— alive on — 19

Immediate cause of death: angina pectoris

Due to: Lesions of the Coronary arteries.

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work?

23. SIGNATURE: L. G. Frazier M. D. or other
Address: Hurlock Md Date signed: 9-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08971

(168)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge (WITHIN CORPORATE LIMITS) No. Cambridge-Maryland Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred x yrs. 3 mos. x ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Henderson MacWhannels

(a) Residence: No. 115 Vue de l'Eau St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Grant

6. DATE OF BIRTH (month, day, and year) July 6, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. secretary

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gas Co.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Lawrence MacWhannels

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Helen Henderson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Florence G. MacWhannels
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date Sept 19, 1939

19. UNDERTAKER Frank E. Albaugh
(Address) Cambridge, Md.

20. FILED 9-18, 1939 Ophelia Meade Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from x, 19, to x, 19

I last saw h x alive on x, 19; deeth is said to have occurred on the date stated above, at 2-30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Sept 14
Other Contributory Causes of Importence: Transverse incised wound of throat	Sept 12

Name of operation x Date of

What test confirmed diagnosis? x Wes there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? suicide Date of Injury Sept 12, 1939

Where did Injury occur? Cambridge, Md.
(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
on public road

Manner of injury self inflicted by pocket knife

Nature of injury incised wound of throat

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jos. K. Shriver, Dep. Med. Exam. M. D.

(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

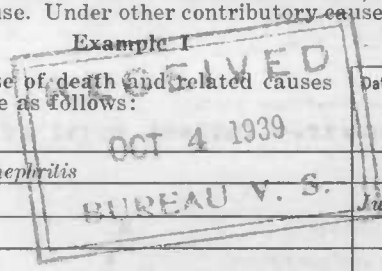
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(52)

08972

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 29 Cemetery ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 20 –

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Md Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 29 Cemetery ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no –

3. (a) FULL NAME: Charlotte B. Mills –

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Late Ashley B Mills

Late —

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): 5-23-1879

8. AGE: Years: 60 Months: 3 Days: 22 If less than one day: ___ hrs. ___ min.

9. Birthplace: Dor Co. Md.

(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Home

FATHER

12. Name: Levin Clark

13. Birthplace: Md

MOTHER

14. Maiden name: Louisa Bell

15. Birthplace: Md

16. Informant: Albert Mills

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/17/39 (month) (day) (year)

Cemetery or crematory: Old Trinity

Location: Church Creek Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 9-17 (Date rec'd by registrar) 1939 John Wade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 15 1939, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about 6 months ago 19 — to — 19 ___, and that I last saw her alive on about 6 months ago 19 ___

Immediate cause of death: Carcinoma left side of face

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no operation

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? no

23. SIGNATURE: Guy Stuck M. D. or other

Address: Cambridge Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08973

Reg. Dist. No. 1-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Vienna, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Water St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Water St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No -

3. (a) FULL NAME Wm James Murphy

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Angenora R. Murphy

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 9-2-1866

8. AGE: Years 73 | Months 2 | Days 10 | If less than one day hrs. min.

9. Birthplace Vienna Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business "Farm"

FATHER 12. Name Jno H. Murphy

13. Birthplace Md -

MOTHER 14. Maiden name Mary A Farrell

15. Birthplace Md.

16. Informant Mrs Angenora Murphy

Address Vienna Md -

17. Burial, cremation, or removal. Where? Buried Date thereof Sept. 14 39 (month) (day) (year)

Cemetery or crematory Vienna

Location Vienna Md

18. Funeral director G. Sha Campbell

Address Cambridge, Md.

19. September 18 1939 (Date rec'd by registrar) Elizabeth W. Keogh-Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1939 at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 12 1939 to Sept 12 1939 and that I last saw h- alive on Sept. 12, 1939.

Immediate cause of death	DURATION
Angina pectoris	10 min.
Due to	
Due to	
Other conditions Pulmonary T. B.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryand, M. D.

M. D. or other

Address Vienna, Md. Date signed 9/13/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

08974

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
County Dorchester
City or town Reliance
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Stillborn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Nichols

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Stillborn

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13 - 1939

8. AGE: Years Stillborn | Months | Days | If less than one day hrs. min.

9. Birthplace Reliance, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Alfred Roch
13. Birthplace Delaware

MOTHER 14. Maiden name Elsie May E. Nichols
15. Birthplace Maryland

16. Informant Essie Nichols
Address Seaford, Del. R.F.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Sept. 13-1939 (month) (day) (year)
Cemetery or crematory Cemetery
Location Cokesbury

18. Funeral director Arson Nichols (grandfather)
Address Seaford, Del. R.F.D.

19. Sept. 13 1939 (Date rec'd by registrar) Chas. W. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1939, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw Stillborn alive on 19

Immediate cause of death	DURATION
attended by Midwife Mary R. Webb.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. W. Hastings (Registered) M. D. or other
Address Hurlock, Maryland Date signed Sept 13-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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08975

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (159)

County Dorchester Registration Dist. No. 119

Village or City Wingate Md No. ..... St., ... Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Pritchett If U. S. Veteran, specify WAR .....

(a) Residence: No. Wingate Md St., ... Ward. .....
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 21, 1939

7. AGE Years — Months — Days — If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .....
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wingate Md

FATHER
13. NAME Warren Pritchett
14. BIRTHPLACE (city or town) (State or country) Wingate Md

MOTHER
15. MAIDEN NAME Elizabeth Windsor
16. BIRTHPLACE (city or town) (State or country) Wingate Md

17. INFORMANT (Address) Warren Pritchett Wingate, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Wingate, Md Date Sept 22, 1939

19. UNDERTAKER (Address) Frank E. Albaugh Cambridge

20. FILED Sept 22, 1939 Wilson D. Pritchett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1939, to Sept 21, 1939
I last saw him alive on Sept 21, 1939; death is said to have occurred on the date stated above, at 2 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heart Failure	
Congenital debility resultant from premature birth. C.W.G.	

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) F. L. Clymer M. D.
(Address) Bishops Head Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLA[illegible], WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 115

08976

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Worcester

(b) City or town Golden Hill (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Worcester

(c) City or town Golden Hill, (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? no t years

3 (a) FULL NAME Still Born Infant Ritch

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife none

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 / 39

8. AGE: Years Still born | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Golden Hills, Md (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Nelson Stanley

13. Birthplace Golden Hill, Md

MOTHER 14. Maiden Name Annie Elizabeth Ritch

15. Birthplace ~~Baltimore~~ Md

16 (a) Informant Annie Ritch, Baltimore

(b) Address ~~Box~~ Golden Hill Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8 1939 (month) (day) (year)

(c) Cemetery or crematory Home

Location Golden Hill, Md.

18 (a) Funeral director Nelson Stanley

(b) Address Golden Hill, Md

19 (a) Sept 8/39 (Date rec'd by registrar) (b) James W. Meade C.O.C. Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 7 1939, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1939, to Sept 7 1939, and that I last saw him alive Sept 7 1939.

Immediate cause of death	Duration
Premature Birth	5 mos
Due to suspected Syphilis	intra uterin
Due to Wasserman not yet taken	Gestation
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underlins ths cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? none (Specify type of place) While at work? none

(e) Means of injury none

23. Signature James W. Meade M.D. (M. D. or other)

Address Fishing Creek, Md Date signed Sept. 8/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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OCT 6 1930
BUREAU V. S.

08977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 week

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Bishops Head Md Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Edwin Laymon Ruark —

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married —

6 (b) Name of husband or wife: Verla Pawley —

6(c) If alive, give age 36 — years

7. Birth date of deceased (mo., day, yr.): 9-12-1900

8. AGE: Years 38 | Months 11 | Days 29 | If less than one day ___ hrs. ___ min.

9. Birthplace: Bishops Head, Md (Town, county, and state)

10. Usual occupation: Laborer —

11. Industry or business: General —

FATHER

12. Name: Fred E Ruark

13. Birthplace: Md

MOTHER

14. Maiden name: Ella Bramble

15. Birthplace: Md

16. Informant: Mrs Verla Ruark

Address: Bishops Head, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/13/39 (month) (day) (year)

Cemetery or crematory: Dar Mem Park

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 9-15 1939 (Date rec'd by registrar) John Wall Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1939, at 9.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 5 1939, to Sept. 11 1939, and that I last saw him alive on Sept. 11 1939.

Immediate cause of death: Cerebral hemorrhage — DURATION: 6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE P. H. Tarvel M. D. or other

Address Cambridge Md Date signed Sept 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-0)

08978

CERTIFICATE OF DEATH

Reg. Diat. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Hudson Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 4 yrs —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Hudson Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Ida Virginia Seward

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 2-9-1862
8. AGE: Years 77 Months 6 Days 20 If less than one day ____ hrs. ____ min.
9. Birthplace Dor Co. Md (Town, county, and state)
10. Usual occupation ✓
11. Industry or business ✓
FATHER 12. Name Alexander Seward
FATHER 13. Birthplace Md
MOTHER 14. Maiden name Sarah Jane Wheatley
MOTHER 15. Birthplace Md
16. Informant Mrs Chas Seward
Address Hudson, Md
17. (Burial, cremation, or removal. Which?) Burial Date thereof Sept 11, 1939 (month) (day) (year)
Cemetery or crematory Cambridge
Location Cambridge Md
18. Funeral director G S LeCompte
Address Cambridge, Md
19. (Date rec'd by registrar) 9-11 1939 John Macey Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1939 at PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May of 1939, to 1939, and that I last saw h— alive on May 1939

Immediate cause of death Cerebral cirlis Pulmonary with slow cardiac Hemorrhage

DURATION Prof Hours for 10 or 15 yrs

Due to

Due to

Other conditions Hypertension + dementia

(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? no injury (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Guy Steele M. D. or other
Address Cambridge Md Date signed 9/9-39

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OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08979

Reg. Dist. No. 46.

1. PLACE OF DEATH:
County Dorchester
City or town Hudson, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Hudson, Md Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Jerome Seward.
3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ella Rhea
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 4-19-1869

8. AGE: Years 70 Months 5 Days 8 If less than one day ___ hrs. ___ min.

9. Birthplace Hudson, Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business General
FATHER 12. Name John Seward
13. Birthplace Md
MOTHER 14. Maiden name Sarah Bennett
15. Birthplace Md
16. Informant Mrs Ella Seward
Address Hudson, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 29. 1939 (month) (day) (year)
Cemetery or crematory Speddens
Location James, Md
18. Funeral director G S L Campbell
Address Cambridge Md
19. 9-29 1939 (Date rec'd by registrar) John Mall Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 1939, at 3 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 24, 1939, to Sept 27 1939.
and that I last saw him alive on Sept 27 1939.
Immediate cause of death Rt Cerebral Hemorrhage — DURATION 3 days.
Due to Hypertensive cardiovascular disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W K Hanks M. D. or other
Address Cambridge Md Date signed 9/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08980

(97)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 110

Village or City Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida O Sheridan If U. S. Veteran, specify WAR

(a) Residence: No. same St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Sheridan

6. DATE OF BIRTH (month, day, and year) Mar 27 1860

7. AGE: Years 79 Months 5 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas F. Corkran

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Connely

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Chas. Sheridan Hurlock

18. BURIAL, CREMATION, OR REMOVAL Place Hurlock, Date Sept 9, 1939

19. UNDERTAKER (Address) F. B. Willoughby Hurlock Md

20. FILED Sept 8, 1939 Chas W Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1939, to 9/7, 1939

I last saw her alive on 9/7/39, 19; death is said to have occurred on the date stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
general senility	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Roger Myers M. D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08981

STATE OF MARYLAND—CERTIFICATE OF DEATH

(34)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 111

Village or City East New Market No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Slacum. If U. S. Veteran, specify WAR

(a) Residence: No. Same St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED (write the word)~~

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sallie Slacum

6. DATE OF BIRTH (month, day, and year) Dec 12 1880

7. AGE Years 59 Months 9 Days 25 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Perry Slacum

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. Camper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Albert Slacum (Address) East New Market

18. BURIAL, CREMATION, OR REMOVAL Place East New Market Date Sept 10 1939

19. UNDERTAKER H. H. Willoughby (Address) East New Market.

20. FILED Sept 9, 1939 — H. E. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 7th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 1939, to 9/7, 1939.

I last saw him alive on Sept. 7th, 1939; death is said to have occurred on the date stated above, at 11:05 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis.	7/15/39.

Other Contributory Causes of importance:

Syphilis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

68982

(121)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge R.F.D. 3 No. Cambridge - Md. Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Smith If U. S. Veteran, specify WAR

(a) Residence: No. Camb. R.F.D. # 3 St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace H. Smith

6. DATE OF BIRTH (month, day, and year) Sept 3-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Canner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) Rochester, N.Y. (State or country)

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Muller

16. BIRTHPLACE (city or town) (State or country) Buffalo, N.Y.

17. INFORMANT Mrs. Grace H. Smith (Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Binghamton N.Y. Date Sept 21, 1939

19. UNDERTAKER Edward R. Thomas & J.F. Price (Address) Cambridge, Md. Johnson City N.Y.

20. FILED 9-20 1939 John Meade Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 17 (Day) 9 (Year) 193

22. I HEREBY CERTIFY That I attended deceased from Sept 16 1939 to Sept 17 1939

I last saw h.[illegible] alive on Sept 17 1939; death is said to have occurred on the date stated above, at 9.15 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	9/17/39
Other Contributory Causes of Importance: Acute Gangrenous Ruptured Appendix	9/13/39

Name of operation Appendectomy Date of 9/16/39

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) M. D.

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186-a

08983

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Md Hospital.
Stay in hospital or inst. (yrs., or mos., or days) 7 Mos
Stay in this community (yrs., or mos., or days) —

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Julia L. Stapleforte

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-15-1853

8. AGE:

Years	Months	Days	If less than one day
86	4	17	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Home work

11. Industry or business —

FATHER
12. Name Jno S Stapleforte
13. Birthplace Maryland

MOTHER
14. Maiden name Clara V Lake
15. Birthplace Maryland

16. Informant Miss Julia L. Stapleforte
Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 4 1939 (month) (day) (year)
Cemetery or crematory Christ Church
Location Cambridge Md

18. Funeral director G S LeCompte
Address Cambridge Md

19. 9-4 1939 John Meade Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1939, at 3.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21 1939, to Sept 2 1939, and that I last saw h[illegible] alive on Sept 2 1939.

	DURATION
Immediate cause of death Progressive Asthenia	2 Wks
Due to Fracture of Left Hip	10 Wks
Due to —	
Other conditions Chronic Myocarditis	2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Dt operations —
Dt autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of June 21/39
Where did injury occur? Cambridge (City or town) (County) Md (State)
Injured at home, farm, industry, public place (where?) at home
Means of injury fell down Injured at work? —

23. SIGNATURE Dr. K. Shoaiser M.D.
M. D. or other
Address Cambridge Md Date signed Sept 4/39

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OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

08984

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 122 pine st.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) lifetime.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 122 Pine St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Solomon Stevens.

3. (b) Social Security Number

4. Sex M

5. Color or race C

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Rebecca Stevens dead.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years about 75 | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Dorchester Co.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name William Stevens.
13. Birthplace unknown.

MOTHER
14. Maiden name Annie Wheatley
15. Birthplace Dorchester Co.

16. Informant Laura Stevens Nichols

Address 52 Washington St. Cambr. Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct 1-39. (month) (day) (year)

Cemetery or ~~crematory~~ Cemetery (Bethel AME)

Location Cambridge Md.

18. Funeral director Lewis A. Henry.

Address 222 Cedar St. Cambridge Md.

19. 9-29 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1939, at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 16 1939 to Sept 22 1939, and that I last saw him alive on Sept 22 1939.

Immediate cause of death	DURATION
Cerebral Hemorrhage	9-16-39
Due to Hypertension	1937
Due to Auricular Fibrillation	1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair M. D. ~~or other~~

Address Pine & Cedar Sts Date signed 9-27-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08985

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Vienna, R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Forkneck District
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) native

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Vienna, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Thompson

3. (b) Social Security Number

4. Sex Female
5. Color or race col.
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Sept 23 - 1939
8. AGE: Years Months Days If less than one day
Stillborn hrs. min.
9. Birthplace Vienna, R.F.D
(Town, county, and state)
10. Usual occupation none
11. Industry or business ✓
FATHER
12. Name Rogers Holliday
13. Birthplace Petersburg, Md.
MOTHER
14. Maiden name Hildred Thompson
15. Birthplace Forkneck, Vienna R.F.D.
16. Informant Hildred Thompson
Address Vienna, Md. R.F.D
17. Burial Date thereof Sept. 24-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Forkneck Cem.
Location Vienna, R.F.D. Md.
18. Funeral director Lewis Thompson (G. father)
Address Vienna, R.F.D
19. 9-24 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1939, at 4:P.M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,
and that I last saw h — alive on not at all 19 .
Immediate cause of death Stillborn - (Cause unknown)
Due to
Due to Signed as Local Registrar
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John Moore Jr. M.D.
M. D. or other
Address Cambridge Date signed 9-24-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (94E)

08985

Reg. Diat. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Near Reliance (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 27 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Seaford, Del., R.F.D. (Post office) (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. Near Reliance (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME J. Frank Tull

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elma E. Tull

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) March 25, 1864

8. AGE:

Years	Months	Days	If less than one day
75	5	16	____hrs. ____min.

9. Birthplace Sussex County, Delaware (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name John Tull

FATHER 13. Birthplace Sussex County, Delaware

MOTHER 14. Maiden name Hester Adkins

MOTHER 15. Birthplace Sussex County, Delaware

16. Informant Mrs. Walter McGee

Address Federalsburg, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 14 1939 (month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Near Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Sept 14 1939 (Date rec'd by registrar) Chas. W. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 11 1939, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 16 1939, to Sept 11 1939, and that I last saw h me alive on Sept 10 1939

Immediate cause of death Coronary occlusion — DURATION 3/4/39

Due to Arteriosclerosis — 9/11/39

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE H. S. Kuklman M. D. or other

Address Sharptown Md Date signed 9/13/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08987

CERTIFICATE OF DEATH

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Rhodesdale (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 76 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Rhodesdale Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Samuel P. Vane

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Margaret J. Vane

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): June 13, 1863

8. AGE:

Years	Months	Days	If less than one day
76	2	19	hrs. min.

9. Birthplace: Dorchester County, Maryland (Town, county, and state)

10. Usual occupation: Retired Merchant

11. Industry or business: General Store

FATHER 12. Name: Samuel Vane

FATHER 13. Birthplace: Dorchester County, Maryland

MOTHER 14. Maiden name: Katherine Carroll

MOTHER 15. Birthplace: Dorchester County, Maryland

16. Informant: Mrs. Katherine Hockersmith

Address: Rhodesdale, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: September 5 1939 (month) (day) (year)

Cemetery or crematory: Washington Cemetery

Location: Near Hurlock, Maryland

18. Funeral director: J. J. Frampton & Son

Address: Federalsburg, Maryland

19. Sept 4 – 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 2 1939, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1939 to Sept 2 1939, and that I last saw h[illegible] alive on Sept 2 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 30 min.

Due to: Hypertension & Arteriosclerosis — DURATION: —

Due to: —

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank M. Anderson M. D. or other

Address: Federalsburg Md Date signed: 9/4/39

RECEIVED
OCT 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08988

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester — Choptank River (182)

Village or City Cambridge — No. ____ St., ____ Ward — Registration Dist. No. 116

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Kesler W. Webster

(a) Residence: No. Washington St. Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lucille Spedden

6. DATE OF BIRTH (month, day, and year): Sept. 23 - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	39	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Samuel D. Webster

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Delia Willey

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Cecil Webster

(Address): Cambridge - Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Lawn. Cambridge Date: Sept 9, 1939

19. UNDERTAKER: G. L. LeCompte

(Address): Cambridge, Md.

20. FILED 9-9, 1939 — John Meade Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 2 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Drowning	Sept. 6/39
Accidental	

Other **Contributory Causes** of importance: —

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept. 6, 1939

Where did injury occur? Off Choptank River Bridge (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: Fell from bridge

Nature of injury: Drowning

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Jos. K. Shriver - D. M. C. M. D.

(Address) Cambridge - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

OCT 4 1939
U. S. BUREAU

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (25)

CERTIFICATE OF DEATH

08989

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town) WITHIN CORPORATE LIMITS

Street address, hospital, or institution: Cambridge-Maryland Hosp.,

Stay in hospital or inst. (yrs., or mos., or days) 5 weeks

Stay in this community (yrs., or mos., or days) 20 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4 Dunns Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charlie Williams

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	Married

6 (b) Name of husband or wife Rosa

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1905

8. AGE: Years 33 | Months 9 | Days 26 | If less than one day ____hrs. ____min.

9. Birthplace Mount Clare, South Carolina
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business General

FATHER 12. Name John Williams

13. Birthplace So. Carolina

MOTHER 14. Maiden name Henrietta Chase

15. Birthplace So. Carolina

16. Informant Henrietta Richards

Address Cambridge, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 14th, 1935 (month) (day) (year)

Cemetery or crematory Silent City Cemetery
Cambridge, Md.

Location

18. Funeral director Lewis H. Bayneum

Address Cambridge, Maryland.

19. 9/9/35 (Date rec'd by registrar) 19 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1935, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1935, to Sept 8 1935, and that I last saw him alive on Sept 7 1935.

Immediate cause of death Intestinal Peritonitis

DURATION 7

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace Jr. M.D.
M. D. or Coroner

Address Cambridge, Md. Date signed 9/9/35

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

51-J

08990

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge, R.F.D. No.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 35

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge, R.F.D. No. 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. #2.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Eugene Hilson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Minnie Thomas

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-16-1870

8. AGE: Years	Months	Days	If less than one day
69	8	8	hrs. min.

9. Birthplace Dor Co. Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business "Dirt"

FATHER 12. Name Dalka Hilson

13. Birthplace Md

MOTHER 14. Maiden name Lora Marshall

15. Birthplace Md

16. Informant Mrs Minnie Hilson
Address Cambridge R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/26/39 (month) (day) (year)
Cemetery or crematory Green Lawn
Location Cambridge, Md

18. Funeral director G.S. LeCompte
Address Cambridge Md

19. 9-25-39 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1939, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1936, to Sept 24 1939, and that I last saw him alive on Sept 23 1939.

	DURATION
Immediate cause of death Metastatic carcinoma of the lungs	1 year
Due to Primary Growth in penis	3 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations carcinoma of the glands penis.
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John D. Schneider, M. D.
M. D. or other
Address Cambridge, Md Date signed Sept 25, 1939

RECEIVED
OCT 4 1939
BUREAU V. S.